

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-996	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER INEZ'S HOUSE HC		STREET ADDRESS, CITY, STATE, ZIP CODE 3105 VICO TERRACE RALEIGH, NC 27610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 14, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure disaster drills were done quarterly on each shift. The findings are:</p> <p>Review on 3/14/25 of the facility's disaster drill log from (March 2024-March 2025) revealed: -There was no disaster drill conducted during the 3rd quarter (July, August, September) of 2024. -There was no disaster drill conducted during the 2nd quarter (April, May, June) of 2024.</p> <p>Attempts to interview clients #1 and #2 on 3/14/25 revealed: -They could not be interviewed due to their limited communication skills. -Both clients were nonverbal.</p> <p>Interview on 3/14/25 with staff #1 revealed: -He worked alone at the facility over the last "several" months. -He did all the fire and disaster drills with the clients. -He was told he should be doing a fire drill each month and a disaster drill every 3 months. -He wasn't sure why he didn't do the disaster drills every 3 months for 2024. -He confirmed the facility failed to ensure disaster drills were done quarterly on each shift.</p> <p>Interview on 3/14/25 with the Qualified Professional revealed: -She looked at the documentation to ensure the fire and disaster drills were done. -She thought staff #1 was doing the disaster drills quarterly. -"Some of the drills were done, however [staff #1] did not always document those drills." -She confirmed the facility failed to ensure disaster drills were done quarterly on each shift.</p>	V 114		

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